

CUSTODIAN INFORMATION FORM

(To be completed by CBS Staff)

Youth: _____ DOB: _____ Client ID#: _____

Custodian's Full Name: _____

Date of Birth: _____ Age: _____ SSN#: _____

Telephone Nos.: Home: _____ Work: _____ Cell: _____

Mailing Address: _____

(P.O. Box/Street) (City) (State) (Zip Code)

Home Address (if different): _____

(Physical Location of House)

Relationship to Youth: _____ Length of Relationship: _____

Occupation: _____ Work Address: _____

Other Persons in Same Household:

	Name	Age	Relationship to Youth	Relationship to Custodian
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

(Use back if additional space is needed)

Is transportation available to pick up and return child to facility? ☐ Yes ☐ No

Transportation to be used:

	Vehicle Make	Model	Year	Color	License#
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

Name of authorized adult providing transportation (if not custodian): _____

☐ Yes ☐ No Are you a Furlough Custodian for another youth currently in a facility? If Yes, provide the following:

Youth's Name	Client ID #	Facility
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Yes ☐ No Have you ever been convicted of a Misdemeanor or Felony? If Yes, please provide the following:

Offense	Date	Disposition (Probation/Prison)
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Yes ☐ No Are you or anyone in your household currently on Probation or Parole? If Yes, please provide the following:

Name of Individual	Age	Relationship to Youth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____ Date: _____